

Prevent Antimicrobial Resistance in Healthcare Settings: From Vision to Reality

Healthcare settings are principle sites for the emergence and transmission of antimicrobial-resistant pathogens, posing a significant threat to patient safety. A solution for antimicrobial resistance will not be found in the development of new drugs, given that resistance has developed to every new antimicrobial agent introduced for clinical use. Instead, the solution to antimicrobial resistance in healthcare settings relies on a combination of improved infection control practices and appropriate antimicrobial use.

To address this escalating problem, The Centers for Disease Control and Prevention (CDC) developed [The Campaign to Prevent Antimicrobial Resistance in Healthcare Settings](#). The Campaign centers on four main strategies: (1) Prevent Infection, (2) Diagnose and Treat Infection Effectively, (3) Use Antimicrobials Wisely, and (4) Prevent Transmission. Using these strategies as a framework, evidence-based 12-step programs were developed to target clinicians who treat five specific patient populations, one of which is hospitalized adults.

In order to promote implementation of the [12 Steps to Protect Hospitalized Adults](#) program, CDC and the CDC Foundation are hosting the first annual meeting, “*Prevent Antimicrobial Resistance in Healthcare Settings: From Vision to Reality*” at the Society for Healthcare Epidemiology of America (SHEA) 2004 annual conference in Philadelphia, Pennsylvania. The purpose of this dinner meeting, to be held the evening of Sunday, April 18, 2004, is to share innovative success stories from implementing and evaluating CDC’s 12 Steps to Protect Hospitalized Adults program.

If your healthcare facility has evaluated the implementation of at least 1 step or strategy of the [12 Steps to Protect Hospitalized Adults](#) program, CDC invites you to submit an application describing your experience in order to be considered for recognition at this event. We encourage applications from all types of healthcare institutions nationwide and welcome both small- and large-scale projects. The implementation project should display process and/or outcome measures* with the intent of achieving practice change. Infection control experts will select the top three applicants who will then be invited to present their implementation experience at the April 18th dinner meeting. The project lead from the top three applications selected by the experts will be awarded: (1) registration for the 2004 SHEA conference in Philadelphia, (2) expense-paid airfare and accommodations at the 2004 SHEA conference in Philadelphia, and (3) dinner the night of the event. Participants will be expected to present their implementation and evaluation stories and participate in the documentation of the proceedings of the meeting.

Please review the [12 Steps for Hospitalized Adults](#) and complete the downloadable application at www.cdc.gov/drugresistance/healthcare by **5:00pm EST, Friday, February 20, 2004**. For more information, contact Carrie Bridges (404-498-1256), Rosemarie McIntyre (404-498-1251), or arcampaign@cdc.gov. We look forward to receiving your application.

*A process evaluation can document the structure and activities in a project, measure the extent to which the project was conducted as planned, and determine the resources needed to implement the project.

*An outcome evaluation measures the extent to which program goals are or are not met. This can be achieved by measuring the short- and long-term impacts of the project on knowledge, attitudes, and behaviors.